PTO/SB/06 (08-03)

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Γ	PA	TENT	T APPL	CATIC	ON FEE DET	ERMINATI	ON RE	CORD	ntormation ur	less it disp Applic	lays a valid OME ation of Docket t	3 control number	
Substitute for Form PTO-875										1	10/7/3049		
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTIT									ENTITY	OR	OTHER THAN SMALL ENTITY		
L	FOR NUMBER FILED			D NUM	BER EXTRA		RATE	FEE	7	RATE	ec.		
BASIC FEE (37 CFR 1.16(a))									s	OR	10015	FEE	
	TOTAL CLAIMS (37 CFR 1.16(c))			minus	20 = .		× s			7		<u> </u>	
	IDEPENDENT CLA	MIMS		minus	3 = .	· · · · · · ·	1		1	OR	× \$=	 	
\vdash	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ s		 	OR	× \$=		
• If the difference in column 1 is less than zero, enter "0" in column 2.								OTAL	 	OR`	+ 5=	 	
									L	OR	TOTAL	L	
CLAIMS AS AMENDED - PART II													
L	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A	10/4/5	REI	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))		10	Minus	20	=	Xse	25 =		OR	× \$ 50 =		
II.	Independent (37 CFR 1.16(b))	<u> </u>	2	Minus	3	=	× \$_	100=		OR	× , 200 =		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							80 =		OR	+ \$ 360=		
							TOTA			OR.	TOTAL ADD'L FEE	7	
		(Col	umn 1)		(Column 2)	(Column 3)			L		ADDETEE	-	
AMENDMENT B		REM	AIMS IAINING		HIGHEST NUMBER	PRESENT	R/	ATE .	ADDI-		RATE	ADDI-	
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	(37 CFR 1,16(b))	Ľ.		Minus	•••	=	× s_/	00 =		OR	x \$ 300 =		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							50 =		OR	+ \$360 =		
							TOTA ADD'I			OR I	TOTAL ADD'L FEE		
_		(Colu	ımn 1)		(Column 2)	(Column 3)		-			10001122		
ENT C		CL REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO	Total (37 CFR 1.16(c))	•		Minus	••	-	x s <u>a</u>	5 =		OR	x \$ 50 =		
AMENDMEN	Independent (37 CFR 1.16(b))	•		Minus	***	=	x \$ 10	00 =		OR	x s 200=		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ 18			OR	+ :360 =		
										OR L	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	The "Highest Nu	mber Pr	eviously Pa	aid For" (1	otal or Independe	nt) is the highes	t number fo	ound in th	e appropriate	box in col	umn 1	1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.